

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 144
Registered No. 548

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 17 Porto Rico Canon Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Juan Campos { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth. _____ 6. Legitimate? yes 7. Date of birth Dec. 27-1927
Month Day Year

8. FATHER		14. MOTHER	
Full name <u>Zacarias Campos</u>		Full maiden name <u>Picha Perez</u>	
9. Residence (Usual place of abode) <u>Miami</u> If non-resident, give place and state. <u>Arizona</u>		15. Residence (Usual place of abode) <u>Miami</u> If non-resident, give place and state. <u>Arizona</u>	
10. Color or race <u>Mex.</u>	11. Age at last birthday <u>37</u> (Years)	16. Color or race <u>Mex.</u>	17. Age at last birthday <u>28</u> (Years)
12. Birthplace (city or place) <u>Jalis co.</u> (State or country) <u>Mex.</u>		18. Birthplace (city or place) <u>Jalis co.</u> (State or country) <u>Mex.</u>	
13. Occupation <u>Smelter man</u> Nature of Industry <u>Int. Smelter</u>		19. Occupation <u>Housewife</u> Nature of Industry _____	

20. Number of children of this mother _____ (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 4
(b) Born alive but now dead 1
(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 P. m. on the date above stated
(Born alive or stillborn.)

Signature Byril M. Brown Physician
(Physician or midwife).

Address Miami, Arizona

Filed Jan 8, 1928 R. E. Jones Registrar

Registrar

132-1227-779

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

When name added from a supplemental report _____
Month, day, year